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PTO/SB/01 (10-00)

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**COMBINED
DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)
AND POWER OF ATTORNEY**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	
First Named Inventor	SUMMERS, George Robert
Complete if known	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

QUICK-INSTALL IRRADIATION UNIT AND METHOD OF MAKING SAME

the specification of which

is attached hereto.

OR

was filed on _____ (mm/dd/yyyy)

as United States Application Number or PCT International Application Number

and was amended on _____ (if applicable) (mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number		Place Customer Number Bar Code Label Here	
OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
Charles B. Gordon	16,828	William C. McCoy, Jr.	16,865
Richard H. Dickinson, Jr.	18,822	Thomas P. Schiller	20,677
David B. Deoma	22,841	Joseph J. Corso	25,845
Howard G. Shumola	26,232	Jeffrey J. Sopko	27,876
John P. Murnaugh	34,226	James M. Moore	32,923
David E. Spaw	34,722	Michael W. Garvey	36,878

Direct all correspondence to	<input type="checkbox"/> Customer Number	<input type="checkbox"/> or Bar Code Label	OR	<input type="checkbox"/> Correspondence address below
Name	PEARNE & GORDON			
Address	926 Superior Avenue East			
Address	Suite 1200			
City	Cleveland	State	Ohio	Postal Code 44114-1484
Country	U.S.A.	Telephone	216-579-1700	Fax 216-579-6073

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle if any)		
George Robert		
Family Name or Surname SUMMERS		
Inventor's Signature	<u>George Robert Summers</u>	
Residence: City	State	Ontario
Post Office Address	Country	Canada
City	Province or State	Ontario
	Postal Code or Zip	K7C 4L1
	Country	Canada

Additional inventors are being named on the 1 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name <i>Forewood Cloud</i>			Family Name or Surname <i>WISER, III</i>		
Inventor's Signature <i>Donald C. Wiser III</i>				Date <i>January 25, 2001</i>	
Residence: City <i>Kingston</i>		State <i>New Jersey</i>	Country <i>United States</i>	Citizenship <i>United States</i>	
Mailing Address <i>842 Ridge Road</i>					
Mailing Address					
City <i>Kingston</i>	Province or State <i>New Jersey</i>	Postal Code Or Zip <i>08852</i>	Country <i>United States</i>	Citizenship <i>USA</i>	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State	Country	Citizenship	
Mailing Address					
Mailing Address					
City	Province or State	Postal Code Or Zip	Country	Citizenship	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State	Country	Citizenship	
Mailing Address					
Mailing Address					
City	Province or State	Postal Code Or Zip	Country	Citizenship	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State	Country	Citizenship	
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